

County: Dodge

Facility ID: 5450

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MARQUARDT MEMORIAL MANOR

1020 HILL ST

WATERTOWN

53098

Phone:(920) 261-0400

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 140

Total Licensed Bed Capacity (12/31/04): 140

Number of Residents on 12/31/04: 140

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 139

Nonprofit Church

Skilled

Yes

Yes

Yes

139

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		29.3
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		47.1
Supp. Home Care-Household Services	Yes	Developmental Disabilities	1.4	Under 65	2.1	More Than 4 Years		23.6
Day Services	No	Mental Illness (Org./Psy)	55.0	65 - 74	3.6			-----
Respite Care	No	Mental Illness (Other)	3.6	75 - 84	32.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	13.6	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	5.7	65 & Over	97.9	-----		
Transportation	No	Cerebrovascular	5.7		-----	RNs		13.7
Referral Service	Yes	Diabetes	4.3	Gender	%	LPNs		6.3
Other Services	Yes	Respiratory	0.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	22.9	Male	26.4	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	73.6			48.3
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	2	2.0	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	2	1.4
Skilled Care	11	100.0	232	96	98.0	120	0	0.0	0	31	100.0	260	0	0.0	0	0	0.0	138	98.6
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	11	100.0		98	100.0		0	0.0		31	100.0		0	0.0		0	0.0	140	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	1.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	2.6	Bathing	0.0	38.6	61.4	140
Other Nursing Homes	2.6	Dressing	2.1	41.4	56.4	140
Acute Care Hospitals	84.4	Transferring	18.6	43.6	37.9	140
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	5.7	47.1	47.1	140
Rehabilitation Hospitals	0.0	Eating	35.7	42.1	22.1	140
Other Locations	9.1	*****				
Total Number of Admissions	77	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	10.0		Receiving Respiratory Care	6.4
Private Home/No Home Health	17.6	Occ/Freq. Incontinent of Bladder	50.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	13.5	Occ/Freq. Incontinent of Bowel	42.9		Receiving Suctioning	0.0
Other Nursing Homes	2.7				Receiving Ostomy Care	0.7
Acute Care Hospitals	0.0	Mobility			Receiving Tube Feeding	0.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	32.1
Rehabilitation Hospitals	0.0					
Other Locations	5.4	Skin Care			Other Resident Characteristics	
Deaths	60.8	With Pressure Sores	2.1		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	0.0		Medications	
(Including Deaths)	74				Receiving Psychoactive Drugs	61.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99.3	94.4	1.05	86.9	1.14	87.7	1.13	88.8	1.12
Current Residents from In-County	63.6	77.1	0.82	80.4	0.79	70.1	0.91	77.4	0.82
Admissions from In-County, Still Residing	39.0	24.2	1.61	23.2	1.68	21.3	1.83	19.4	2.01
Admissions/Average Daily Census	55.4	115.9	0.48	122.8	0.45	116.7	0.47	146.5	0.38
Discharges/Average Daily Census	53.2	115.5	0.46	125.2	0.43	117.9	0.45	148.0	0.36
Discharges To Private Residence/Average Daily Census	16.5	46.1	0.36	54.7	0.30	49.0	0.34	66.9	0.25
Residents Receiving Skilled Care	100	97.0	1.03	96.9	1.03	93.5	1.07	89.9	1.11
Residents Aged 65 and Older	97.9	97.0	1.01	92.2	1.06	92.7	1.06	87.9	1.11
Title 19 (Medicaid) Funded Residents	70.0	64.4	1.09	67.9	1.03	68.9	1.02	66.1	1.06
Private Pay Funded Residents	22.1	24.7	0.90	18.8	1.18	19.5	1.13	20.6	1.08
Developmentally Disabled Residents	1.4	0.5	2.82	0.6	2.28	0.5	2.90	6.0	0.24
Mentally Ill Residents	58.6	35.9	1.63	37.7	1.55	36.0	1.63	33.6	1.74
General Medical Service Residents	22.9	24.7	0.92	25.4	0.90	25.3	0.90	21.1	1.08
Impaired ADL (Mean)	66.4	50.8	1.31	49.7	1.34	48.1	1.38	49.4	1.34
Psychological Problems	61.4	59.4	1.03	62.2	0.99	61.7	0.99	57.7	1.06
Nursing Care Required (Mean)	5.3	6.8	0.78	7.5	0.70	7.2	0.73	7.4	0.71